

WORKSHEET A AIRFARE AND BAGGAGE FEES

INTRA-STATE TRAVEL (minimum one quote required)

Vendor: Hawaiian Airlines

Airfare Quote: \$102.00

Baggage Fee: 0

Date of Quote: 11/19/08

DATE	FROM	TO	EST. DEPT. TIME	EST. ARR. TIME
11/24/08	Honolulu	Lihue	6:15 am	6:51am
11/24/08	Lihue	Honolulu	3:26pm	3:57pm

OUT-OF-STATE TRAVEL (minimum two quotes required)

Itinerary 1 Vendor: Expedia

☒ Selected Itinerary

Airfare Quote: \$742.40

Baggage Fee: \$15.00

Date of Quote: 11/19/2008

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME
1/10/09	HNL	Phoenix	11:30 pm	8:24 am
1/11/09	Phoenix	Newark	9:45 am	4:23 pm
1/16/09	Newark	Phoenix	6:35 am	10:11 am
1/16/09	Phoenix	HNL	11:59 am	3:45 pm

Itinerary 2 Vendor: United Airlines

☐ Selected Itinerary

Airfare Quote: \$885.21

Baggage Fee: \$15.00

Date of Quote: 11/19/2008

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME
1/10/09	HNL	San Francisco	10:10 pm	5:04 am
1/11/09	San Francisco	Newark	6:00 am	5:10 pm
1/16/09	Newark	Chicago	6:00 am	7:25 am
1/16/09	Chicago	HNL	10:10 am	3:31 pm

Itinerary 3 Vendor: Expedia - Personal Dev

☐ Selected Itinerary

Airfare Quote: \$936.71

Baggage Fee: \$15.00

Date of Quote: 11/19/2008

DATE	FROM	TO	EST. DPT. TIME	EST. ARR. TIME
1/10/09	HNL	Los Angeles	10:45 pm	6:05 am
1/11/09	Los Angeles	Newark	9:00 am	5:10 pm
1/18/09	JFK	Los Angeles	10:25 am	1:45 pm
1/18/09	Los Angeles	HNL	3:30 pm	7:15 pm

All quotes shall be obtained on the same 8-hour work day using the same parameters, i.e., dates, similar times, & destination. Attach a copy of the proposed itineraries in lieu of filling in the above sections. The pCard may not be used for any itinerary involving personal deviations, which impacts the airfare quote.

Justification for selection made to other than lowest fare:

Traveler: Bob Smith

Prepared by: Bonnie

Date: 11/19/08

WORKSHEET B

COMPUTATION OF PER DIEM AND MEAL ALLOWANCE

Check One: Intra-State (overnight) Intra-State (same day)
 x Out-of-State

Travel from: Honolulu to New York on official business

Dept. Date 1/10/2009 Time: 11:30pm Return Date: 1/16/2009 Time: 3:45 pm

A. Computation of Per Diem Allowance: (Intra-state Overnight/Out-of-state)

Dept. Day	Full Days	Return Day	Total Days	Rate	Total
<u>0.25</u>	<u>5</u>	<u>0.75</u>	<u>6</u>	<u>145</u>	\$ <u>870.00</u>
			<u>0</u>		\$ <u>0.00</u>

Total A \$ 870.00

B. Computation of Meal Allowance (same day travel) (BU1 is \$24) \$20 x Total B \$

C. Computation of Meal Allowance when lodging provided at no cost to employee (rounded to the nearest dollar):
(intra-state per diem is \$90.00, out-of-state per diem is \$145.00)

Travel beginning before 8:00 am	8% of per diem	<u> </u>	Breakfast	\$ <u> </u>
Travel beginning before 12:00 noon	12% of per diem	<u> </u>	Lunch	\$ <u> </u>
or return after 12:30 pm				
Travel ending after 7:00 pm	20% of per diem	<u> </u>	Dinner	\$ <u> </u>

Total C \$ 0.00

D. DEDUCT meals when furnished at no cost to the traveler (rounded to the nearest dollar):
(intra-state per diem is \$90.00, out-of-state per diem is \$145.00)

Number of meals furnished:	8% of per diem	<u>1</u>	Breakfast	\$ <u>12.00</u>
	12% of per diem	<u>1</u>	Lunch	\$ <u>17.00</u>
	20% of per diem	<u>1</u>	Dinner	\$ <u>29.00</u>

Total D \$ 58.00

Grand Total \$ 812.00

*In computing per diem, for intra-state travel, the official time begins 60 minutes before the scheduled departure and ends upon the return to the employee's home island.

*In computing per diem, for out-of-state travel, the official time begins no later than 24 hours prior to the time the employee is scheduled to be at work at the out-of-state destination and ends upon the employee's return to employee's home airport. The allowable claim shall be in terms of quarter day periods (see chart)

Time	Dept. Date	Return Date
12:01am to 06:00am	1 day	0.25
06:01am to 12:00pm	- 0.75	0.50
12:01pm to 06:00pm	0.50	0.75
6:01pm to midnight	0.25	1 day

Traveler: Bob Smith Prepared by: Bonnie

Date: 11/19/2008

WORKSHEET C HOTEL ACCOMMODATIONS

Intra-State: _____ (min. 2 quotes required)

Out-of-State: ☒ (min. 2 quotes required)

Check-In Date: 1/11/2009

Destination: New York

Check-Out Date: 1/16/09

Conference Hotel: ☐
(prior approval for excess lodging required)

Selected	Name of Hotel	Hotel Rate	Date of Quotation	Excess Lodging Per Day**	Total Excess Lodging
<input checked="" type="checkbox"/>	Milford Plaza	\$101.07	11/19/08	\$16.07	\$80.35
<input type="checkbox"/>	Park Central New York	\$140.53	11/19/08	\$55.53	\$277.65
<input type="checkbox"/>					
Form of Payment: <input type="checkbox"/> P.O.#		<input checked="" type="checkbox"/> *Credit Card #			
Exp. Date: <input type="checkbox"/>		Cardholder Name: Bob Smith			

***Entering personal credit card information is optional.**

Justification for selection other than lowest quotation: (conference hotel excluded)

****Example of excess lodging calculations:**

	Out-of-State Hotel Allowance - \$85.00	Intra-State Hotel Allowance – \$50.00
Actual hotel costs (inc. taxes)	\$194.87	\$83.50
Hotel allowance	(\$ 85.00)	(\$50.00)
Excess lodging per night	\$109.87	\$33.50
Number of nights	x 2	x 2
Total excess lodging due	\$219.74	\$67.00

Traveler: Bob Smith

Prepared by: Bonnie

Date: 11/19/2008

WORKSHEET D GROUND TRANSPORTATION

INTRA-STATE CAR RENTAL

Pick-up Date: 11/24/2008

Return Date: 11/24/2008

Pick up Location: Lihue Airport

Drop Off Location: Lihue Airport

Vendor	Car Rate (price list)	Total Cost (no. of days x rate)
Thrifty Rent A Car	\$57.00	\$57.00

OUT-OF-STATE CAR RENTAL*

(Minimum 2 quotes required)

Pick-up Date: _____

Return Date: _____

Pick Up Location: _____

Drop Off Location: _____

Vendor	Car Rate	Date of Quotation	Total Cost
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

*Employee should use hotel/airport shuttle whenever possible.

Justification for other than compact car (intra or out-of-state travel):

Mini van required to accommodate large equipment

OTHER GROUND TRANSPORTATION COSTS

	Description	Cost
<input checked="" type="checkbox"/>	Taxi	\$38.00
<input checked="" type="checkbox"/>	Airport/Hotel Shuttle	\$50.00
<input type="checkbox"/>	Parking	
<input type="checkbox"/>	Other (i.e. subway, bus, rail, metro, etc.)	Specify:
Total Estimated Cost		\$88.00

Traveler: Bob Smith

Prepared by: Bonnie

Date: 11/19/2008

WORKSHEET E
FERRY SERVICE PASSENGER/VEHICLE TRANSPORTATION

Departure Date: 11/20/2008 **Time:** 6:30 am

Return Date: 11/21/2008 **Time:** 11:00 am

Port Location: Honolulu

Port Location: Maui

(Attach a copy of the Voyage Summary and Pricing Summary Page in lieu of completing this form.)

Passenger Rate* (one way)	Vehicle Rate (one way)	Date of Quotation	Total Cost (with fees)
\$49.00	\$65.00	11/4/2008	\$122.16
\$49.00	\$65.00	11/4/2008	\$123.07

*Premium lounge upgrades are the personal responsibility of the employee.

Employees taking State owned vehicles on the ferry are required to have the following documents:

1. Valid driver's license
2. Vehicle registration
3. Proof of insurance
4. Copy of notarized Vehicle Movement Authorization (VMA) form signed by the registered owner (or person authorized to sign for the vehicle title)

The VMA form is available on the Hawaii Superferry government website, www.hawaiisuperferry.com/partners/stateofhawaii under *Helpful Links – Authorize-to-move Vehicle Form*. The form must be signed by the registered owner, or person(s) authorized to sign for the vehicle title. The Hawaii Superferry staff will notarize the VMA forms free of charge by contacting Ward Yamashiro. A copy of VMA form shall be in the vehicle while in transit. Failure to have a copy of the signed notarized form will result in denied boarding.

Reservations require Agent Number and Password.

Traveler: Bob Smith

Prepared by: Bonnie

Date: 11/4/2008

TRAVEL APPROVAL FORM

Check One: Intra-State X Out-of-State

Name of Traveler: Bob Smith Phone: 587-4702 Fax: 586-0570

Position/Title: Engineer Bargaining Unit: BU 13

Department/Division/Office: DAGS/Planning

Contact Person: Bonnie Kahakui Phone: 587-4702 Fax: 586-0570

Billing Address: 1151 Punchbowl Street, Room 416, Honolulu, HI 96815

Justification: (Attach additional sheets if necessary, including conference/meeting agenda and training schedule)

Western States Contracting Alliaace Conference

Date & Time Business/Conference/Meeting Begins*: 1/12/09 8:00a City: New York City

*Indicate time employee needs to be at the destintation, including any preconference meetings, etc.

Date & Time Business/Conference/Meeting Ends: 1/15/09 4:00p City: New York City

COST INFORMATION

Worksheet A - Airfare for Authorized Travel	<u>\$742.40</u>
Baggage Fees	<u>\$15.00</u>
Worksheet B - Per Diem and Meal Allowance	<u>\$812.00</u>
Worksheet C - Hotel Accommodations - Excess Lodging	<u>\$80.35</u>
Worksheet D - Ground Transportation	<u>\$88.00</u>
Worksheet E - Ferry Service Passenger/Vehicle Transportation	<u>\$0.00</u>
Other Expenses (registration fee, training material, passport etc.)	<u>\$125.00</u>
Describe:	
Program ID: <u>AGS400</u> Appropriation Symbol: <u>M100</u>	TOTAL <u>\$1,862.75</u>

Requesting Authority Signature

Approving Authority Signature

Requesting Authority Name/Title (Print) Date

Approving Authority Name/Title (Print) Date

DO NOT MODIFY FORM - WILL BE REJECTED BY DAGS, PRE-AUDIT

Statement of Completed Travel

Department of Accounting and General Services

Check One: Within State (overnight) Within State (same day travel)
 x Out of State

Division / Branch : Planning Date: 1/24/2009

In accordance with Section 78-15, HRS, as amended, and the Comptroller's Rules and Regulations, I certify that I traveled from Honolulu to New York on official business

The travel was authorized by:(see attached) Request for Intra-State Travel x TAF / Memo

Date of Departure: 1/10/2009 Time: 11:30p Return Date: 1/16/2009 Time: 3:45p

A. Computation of Per Diem Allowance : (overnight / out of state - instructions on reverse)

Depart Day	Full Days	Return Day	Total Days	Rate	
<u>0.25</u>	<u>+</u> <u>5</u>	<u>+</u> <u>0.75</u>	<u>=</u> <u>6</u>	<u>X</u> <u>145</u>	<u>=</u> \$ <u>\$870.00</u>
<u> </u>	<u>+</u> <u> </u>	<u>+</u> <u> </u>	<u>=</u> <u> </u>	<u>X</u> <u> </u>	<u>=</u> \$ <u> </u>

Computation of Travel Allowance (same day travel) = \$

B. Computation of Subsistence Allowance when per diem is not provided:

Travel beginning before 8:00 am	<u> </u> Breakfast	(8% of per diem) *	\$ <u> </u>
Travel beginning before 12:00 noon or return after 12:30 pm	<u> </u> Lunch	(12% of per diem) *	\$ <u> </u>
Travel ending after 7:00 pm	<u> </u> Dinner	(20% of per diem) *	\$ <u> </u>

C. DEDUCT meals furnished to traveler in connection with approved travel:

Number of meals furnished:	<u>1</u> Breakfast	(8% of per diem) *	\$ <u>12</u>
	<u>1</u> Lunch	(12% of per diem) *	\$ <u>17</u>
	<u>1</u> Dinner	(20% of per diem) *	\$ <u>29</u>
			<u>58</u>

D. Other allowable expense (Itemize and attach receipts)

Excess Lodging	\$ <u>80.35</u>	
Taxi	\$ <u>50</u>	
Hotel shuttle	\$ <u>49</u>	
baggage	\$ <u>15</u>	\$ <u>194.35</u>

E. TOTAL CLAIM: \$ 1006.35

F. DEDUCT from TOTAL CLAIM advance by State Warrant Voucher

Summary Warrant Voucher (DBRN #) Dated: \$ 812

G. TOTAL DUE TO EMPLOYEE OR STATE \$ 194.35

Submitted by: Signature Approved by:

 Date Typed Name Date Title

 BU# Social Security # * Rounded to the nearest dollar